

SCHOOL HEALTH SERVICES (SHS) ONLINE REPORTING SYSTEM

STATEWIDE USER MANUAL



MARCH 2010

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Introduction

The School Health Services Online Reporting System was developed by the Department of Health and Senior Services (DHSS) to provide a more efficient system for all schools to report information requested by DHSS and other state agencies. This information is used to identify trends, facilitate planning of state resources, and ensure up-to-date communication with lead nurses in Missouri schools.

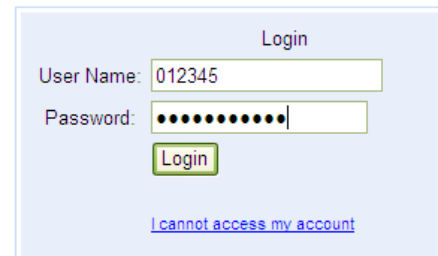
Logging In

Username and password for each school district is provided to the superintendent. The superintendent is requested to assign this password to the lead school nurse. The Online Reporting System can be accessed at:

<https://webapp01.dhss.mo.gov/SchoolHealth/login.aspx>

or by going to the school health home page at <http://www.dhss.mo.gov/SchoolHealth/> and clicking the Online Reporting System link. It is suggested to bookmark these pages for quick access to the system.

The username and password is **case-sensitive**, so be sure to capitalize (Ex. 012345, DHSSUSER999). If this has been lost or is not working, email shs@dhss.mo.gov or call 573-751-6213 for technical assistance.



Home Screen

Upon successful login, the home screen will appear. From this screen, all reports can be accessed.



School Health Services Update (Staffing Survey)

The School Health Services Update (aka Staffing Survey) is an annual survey used by the Department of Health and Senior Services to identify statewide school health staffing information on Health Aides, Health Clerks, LPNs, RNs, and Social Workers and calculate the nurse-to-student ratio. This tool is used to ask 1-3 additional questions which are used in program planning. Your completion of this survey is valuable, and the School Health Services Program appreciates your input.

School Health Service Update for Calvary Lutheran High School

Click the “School Health Services Update” link.

Choose the current school year (for example, **2010** for the **2009-2010** school year) and

“Create School Health Services Update.” This function automatically enters the previous years’ information into the survey. The user then only needs to “Edit” positions that have changed (hours, name, etc), or “Add Staff” for any positions that haven’t been included. “Delete” positions that are no longer with the program.

- Year - Create School Health Services Update

School Health Administration
School Health Services Update for
Year: 2009

School Health Services Update

No Staff have been entered yet.

Submit Add Staff

All fields denoted with an asterisk * are required fields.



Answer Survey Questions

To “Add Staff” fill in the identifying information for each position, including choosing the title from the drop down list. RNs and SWs have an additional drop-down list for the degree received.

First Name	<input type="text"/>	*
Last Name	<input type="text"/>	*
Title	<input type="text" value="Health Aide"/>	*
Highest Degree Earned	<input type="text" value="Health Aide"/>	*
E-Mail Address	<input type="text"/>	
Elementary School Hours	<input type="text" value="RN"/>	
Middle School Hours	<input type="text"/>	*
High School Hours	<input type="text"/>	*
Other Hours Description	<input type="text"/>	
Other School Hours	<input type="text"/>	*
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

RN	*
Diploma	*
Associate Degree in Nursing (ADN)	
Bachelor Degree in Nursing (BSN)	
Bachelor Degree in Science (BS)	
Bachelor Degree in Arts (BA)	
Master Degree in Nursing (MSN)	
Master Degree in Science (MS)	
Master Degree in Arts (MA)	
Advanced Practice Registered Nurse (APRN)	
Doctorate in Nursing	
Doctorate	
SW	*
BSW	*
BSW	
MSW	

Once all staff have been entered, click “Answer Survey Questions.” Clicking this link pulls up a new web-browser with instructions that will walk you through the survey. Please log in using the same Username and Password assigned to the district.

Once logged in, please fill out the questions provided by clicking “Next”.

Windows Internet Explorer

UserID(Use the same login used to gain access to the School Health application)

Password(Use the same password used to gain access to the School Health application)

Next

Done Local intranet 100%

School Health Services Update

Year
~Click Here~

School District Name
Calvary Lutheran High School

County Name
COLE

School Nurse Manager

Phone Number
(ex. 5735551234)

Email Address

Does your school's Emergency Plan include specifics to shelter-in-place for students and staff for up to 96 hours?

☐ Yes
☐ No

Reset Next

After all questions have been answered, click “Submit” and close the browser when completed.

The user can now “Submit” the School Health Services Update.

How many children were diagnosed with permanent hearing loss for the first time, as a result of the school hearing screening in the 2009 school year?

Back Reset Submit

Submit Add Staff Answer Survey Questions

Nurse Name	Position	Degree	E-Mail	ES Hrs.	MS Hrs.	HS Hrs.	Other Hrs.	Total Hrs.	Edit	Delete
Chin, Harry	SW	MSW		10	10	15	0	35	Edit	Delete
Doe, Jane	RN	BSN		20	10	5	0	35	Edit	Delete
Monroe, Marilyn	LPN			35	0	0	0	35	Edit	Delete

Special Health Care Needs Survey

The Special Health Care Needs survey is a biennial statewide survey used by the Department of Health and Senior Services to track information regarding common conditions affecting Missouri's school-aged children. This tool is used to identify trends and assist with allocation of resources.

Access this survey by clicking "Special Health Care Needs Survey" on the Home Screen after logging in to the Online Reporting System. Begin the survey by clicking "New Special Needs."

Special Needs for ADIEHLS

New Special Needs

No Special Needs Assigned to the User

Choose the user's school/district using the drop-down box and verify the county. Enter the name of the RN Coordinator.

Complete each box by entering the number of students in the school/district reporting special health care needs.

When finished, click "Save."

Please fill out this survey at the beginning of even school years.

2010-2011

2012-2013

2014-2015

School District Name	Select
County	
RN Coordinator of Health Services	

Please enter the total number of students in your school district that have been diagnosed or identified with the following special health care need(s) or health condition(s). Students may be entered more than once.

Illness Or Disability	# of Student	Illness Or Disability	# of Student
Allergies – life threatening - Food		Hemophilia/bleeding disorder	
Allergies – life threatening - Insect		Hydrocephalus with shunt	
Allergies – life threatening - Latex		Kidney disease	
Asthma – on medication at home or school		Mental Health	
Blind		ADD/ADHD	
Cancer		Asperger's Syndrome	
Taking Chemotherapeutic Medication		Autism	
Chronic infection (e.g., Hepatitis, etc.)		Bi-polar	
Cleft lip and palate		Depression	
Cystic Fibrosis		Obsessive Compulsive Disorder	
Daily special health care procedures		Oppositional Defiance Disorder	
Blood sugar check		Post Traumatic Stress Syndromes	
Catheterization care		Tourette's syndrome	
Ostomy care		Migraine headaches	
Tube feeding		Neuromuscular disorder, non-progressive (e.g., Cerebral Palsy, etc.)	
Ventilator dependent		Neuromuscular disorder, progressive (e.g., Muscular Dystrophy, etc.)	
Deaf with no assistive devices		Organ Receptant	
With FM systems		Orthopedic disability (permanent)	
With hearing aides		Orthopedic disability (temporary, e.g., Osgood Schlatter, fractures, etc.)	
With cochlear implants		Scoliosis requiring treatment	
Diabetes		Pregnancy	
Type 1		Teen Parenting	
Type 2		Rheumatoid Arthritis	
Drug/alcohol abuse		Autoimmune disease (e.g., Lupus, etc.)	
Eating disorder (e.g., Anorexia, Bulimia, etc.)		Routine medications at school	
Gastrointestinal Disorders (e.g. Irritable Bowel Syndrome, etc.)		Seizure disorder	
Crohn's Disease		Students with do not resuscitate (DNR) order	
Ulcers		Traumatic Brain Injury	
Bowel/Bladder Incontinence		504 Plans	
Genetic disorder (e.g., Down Syndrome, Neurofibromatosis, Cleft Lip/Palate, etc)			
Sickle Cell Disease			
Heart disease with activity restrictions			

Save Cancel

Vision Screening and Exam Referrals/Completions

These statewide reports are to be completed by all public schools to provide information relating to the Missouri Vision Statutes. Access these reports by clicking “Vision Menu” on the Home Screen after logging in to the Online Reporting System. Explanations on filling out the reports are located right above the corresponding report and included in this manual. Choose the report to be completed and the school/district providing the information. Enter the person completing the form, as well as a phone number or email address with which to contact them.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

School Health Login

Vision Exam Annual Report (K or 1st Grades)

[Vision Exam Explanation](#)
Vision Exam Report

Vision Screening Annual Report (1st and 3rd Grades)

[Vision Screening Explanation](#)
Vision Screening Report

Vision Exam Annual Report

Use this report to enter aggregate totals from the comprehensive vision exams for children entering kindergarten or first grade for the first time. When saved, the report will automatically total the amounts in the gray boxes.

School and Preparer Information

District: Academie Lafayette
District Code: 048914
Form Completed By:
Date Submitted: 03/17/2010
Preparer Contact Information:

Vision Exam Report

Grade	Number of Students Starting School for the first time	Number of Students with Identified vision problem prior to enrollment	Number of Students with Comprehensive Vision Exam	Number of Students with an exam that does not meet the criteria for a Comprehensive Vision Exam	Number of Students with Parent Objection to vision exam via Opt-out Form	Number of Students with No Response from Parent(s) to vision exam request
K	0	0	0	0	0	0
1st	0	0	0	0	0	0
Total	0	0	0	0	0	0

Results of Comprehensive Eye Exam

Grade	Number of Students with Normal (No Abnormality) Comprehensive Vision Exam	Number of Students with Positive Findings	Number of Students with Positive Findings and No Resources for Correction or Treatment
K	0	0	0
1st	0	0	0
Total	0	0	0

Comments:

Save Form Submit Form

**Missouri Department of Health and Senior Services
Guidelines for Completing the Vision Exam Annual Report for Children Entering
Kindergarten or First Grade. One Report for Each School District.**

Columns 2-7: Vision Exam Report

Column 2: Number of students starting school for the first time – Enter by grade (kindergarten and first grade). The target for first grade is a student entering school for the first time that has not attended public kindergarten. The total of columns 3, 4, 5, 6, and 7 should equal column 2.

Column 3: Number of students with identified vision problems prior to enrollment – Enter the number of students with positive findings on a vision exam prior to entering school. The student has a KNOWN vision deficit and under the care of a provider prior to the school enrollment procedure.

Example: Student identified at age 2 with amblyopia and under treatment.

Column 4: Number of students with comprehensive vision exam – Enter the number of students receiving a comprehensive vision exam. This exam must meet the criteria for a comprehensive eye exam (refer to exam form). Students entered in column 3 should not be included in column 4.

Column 5: Number of students with an exam that does not meet the criteria for a comprehensive vision exam – Enter the number of students returning an eye exam form that does not meet the criteria for a comprehensive eye exam. A screening completed by an MD or DO as part of a physical exam does not meet the criteria for a comprehensive eye exam as described in the vision exam form.

Column 6: Number of students with parent objection to vision exam via an “opt out” form – Enter the number of students whose parent(s) request the child to be opted out of the exam. The “opt out” does not have to be on a specific opt out form but a written request opting their child out of the exam.

Column 7: Number of students with no response – Enter the number of students not returning an opt out form or the vision exam form.

Columns 8-10: Results of Comprehensive Eye Exam

Column 8: Number of students with normal comprehensive vision exam – Enter the number of students returning a comprehensive eye exam form indicating a normal exam.

Column 9: Number of students with positive findings – Enter the number of students with a positive finding for the first time. The exam report indicates a diagnosis of amblyopia, myopia, etc; and/or recommended treatment. Do not enter students with a known vision deficit under the care of a professional eye care provider (those entered in column 3). Columns 8 and 9 should equal column 4.

Column 10: Number of students with positive findings and no resources for correction or treatment – Enter the number of students with no resources for treatment or correction but positive findings noted on the exam form. Include students if the parent and school are unable to find resources to provide the treatment and/or glasses for the child. This would be the number of children NOT served.

Comments – Use this section to make additional comments or explanations.

Vision Screening Annual Report

Use this report to enter aggregate totals from the vision screenings of children in first and third grades. When saved, the report will automatically total the amounts in the gray boxes.

Once a report is completed, click "Submit Form."

Vision Screening Annual Report (1st and 3rd Grades)

* Indicates a required field.

School and Preparer Information							
* District:	Academie Lafayette						
* District Code:	048914						
* Form Completed By:							
* Date Submitted:	03/09/2010						
* Preparer Contact Information:							

1st Screening Information			Rescreen Information			Referral Information		
Grade	Number of Students Screened	Number Passing Screening	Grade	Number of Students Rescreened	Number Passing Screening	Grade	No Referral at this Time	Referred for Comprehensive Exam
1st	0	0	1st	0	0	1st	0	0
3rd	0	0	3rd	0	0	3rd	0	0
Total	0	0	Total	0	0	Total	0	0

Comprehensive Exam Results			Payment Information		
Grade	Normal (No Abnormality)	Positive Findings	Grade	BEST Fund Voucher	Insurance/ Other
1st	0	0	1st	0	0
3rd	0	0	3rd	0	0
Total	0	0	Total	0	0

Comments:	
<div></div>	

Save Form

Submit Form

Missouri Department of Health and Senior Services
Guidelines for Completing the Vision Screening Annual Report for Children in Public Schools in First and Third Grades.

Column 2-3: 1st Screening Information

Column 2: Number of students screened – Enter the number of students screened by grade (1st and 3rd). If this number is less than the number of students enrolled for that grade, then explain the discrepancy under Comments.

Column 3: Number passing screening – Enter the number of students passing all components of the screening (distance, near, Random Dot E).

Columns 4-5: Rescreen Information

Column 4: Number of students rescreened – Enter the number of students rescreened related to failing the initial screening. This number should equal column 2 minus column 3. If not, explain under Comments.

Column 5: Number passing screening – Enter the number of students passing the rescreening.

Columns 6-7: Referral Information

Column 6: No referral at this time – Enter the number of students NOT REFERRED because they passed the initial screening and/or the rescreening. The number should be equal to columns 3 and 5. If not, enter Comments to explain the difference.

Column 7: Referred for comprehensive exam – Enter the number of students referred for an evaluation. This should be the number of students NOT PASSING THE RESCREENING (subtract column 5 from column 4). If not explain under Comments.

Columns 8-9: Comprehensive Exam Results

Column 8: Normal (No abnormality) – Enter the number of students referred for a vision exam receiving a normal result.

Column 9: Positive findings – Enter the number of students who were referred for a vision exam and were found to have a vision deficit or identified a vision problem for the first time. For example, do not enter students with a known vision deficit under the care of a professional eye care provider. Note the number of previously identified children in the Comments. Columns 8 and 9 should equal column 7.

Columns 10-11: Payment Information

Column 10: Best Fund Voucher – Enter the number of students completing a referral using a Best Fund Voucher.

Column 11: Insurance/Other – Enter the number of students utilizing private Insurance, Mo HealthNet, or other form of payment for completion of vision referral. Use Comment section as needed to identify Other.

Immunization and Noncompliance Reporting

The following forms are available online, and instructions for completion will be provided by the DHSS Bureau of Immunization Assessment and Assurance. For more information, contact Lynelle Paro at SchoollmmunizationReporting@dhss.mo.gov.

Summary Report of Immunization Status of Missouri Public, Private, and Parochial School Children (CD-31)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES 2009-2010 SUMMARY REPORT OF IMMUNIZATION STATUS OF MISSOURI PUBLIC, PRIVATE AND PAROCHIAL SCHOOL CHILDREN														
By OCTOBER 15, 2009 this completed CD-31 form must be submitted online or forwarded to: Missouri Department of Health and Senior Services Bureau of Immunization Assessment & Assurance P.O. BOX 570 Jefferson City, MO 65102-0570 (573) 751-6124 toll free 1-866-628-9891														
If School Name or Address has changed, email changes to SchoollmmunizationReporting@dhss.mo.gov or call (573) 751-6124														
Phone: <input type="text"/> <input type="text"/> <input type="text"/> *					School Name Address									
Email Address: <input type="text"/> * Email														
Prepared By: <input type="text"/> *					Date: 10 / 02 / 2009 *					<input checked="" type="checkbox"/> Approved By * (Superintendent or School Administrator)				

2009-2010	GRADE LEVEL													<input type="checkbox"/> Ungraded
	K	1	2	3	4	5	6	7	8	9	10	11	12	
Total Number Of Students Enrolled	34	35	34	35	30	27	24	32	37	46	25	29	39	
<input type="checkbox"/> DTAP DT TD TDAP	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
DTAP DT TD TDAP	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4+ doses	4 doses	4 doses	4 doses	4 doses	3+ doses	3+ doses	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	
Students in Progress (See ACT Record)	1													
Students with Medical Exemption														
Students with Religious Exemption														
Students NonCompliant with Immunization Records *														
Students NonCompliant without Immunization Records *														
<input type="checkbox"/> POLIO	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
POLIO	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	
Students in Progress (See ACT Record)	1													
Students with Medical Exemption														
Students with Religious Exemption														
Students NonCompliant with Immunization Records *														
Students NonCompliant without Immunization Records *														
<input type="checkbox"/> MMR (MEASLES, MUMPS, RUBELLA)	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
MMR (MEASLES, MUMPS, RUBELLA)	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2 doses	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	2measles 1mumps 1rubella	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	
Students in Progress (See ACT Record)	1													
Students with Medical Exemption														
Students with Religious Exemption														
Students NonCompliant with Immunization Records *														
Students NonCompliant without Immunization Records *														
<input type="checkbox"/> HEPATITIS B	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
HEPATITIS B	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	3+ doses	
Students Fully Immunized	33	35	34	35	30	27	24	32	37	46	25	29	39	

[illegible]